

Foster Family Home - Corrective Action Report

Provider ID: 1-150004

Home Name: Rosalie de Aquino, LPN

Review ID: 1-150004-5

87-150 Lualei Place

Reviewer: David Ayling

Waianae HI 96792

Begin Date: 11/19/2018

End Date: 11/21/18

Foster Family Home Required Certificate [17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 3 person CCFFH recertification review made on 11/19/18. Corrective Action Report issued during home visit with all items due to CTA by 12/19/18.

6.(d)(1) - see applicable sections of the review

Foster Family Home Background Checks [17-1454-7.1]

7.1.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

7.1.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

7.1.(a)(1)(2) - 2nd year APS/CAN and fingerprints not done until 10/10/18 for CG #3. Expired on 7/6/18.

Compliance Manager

Primary Care Giver

Date

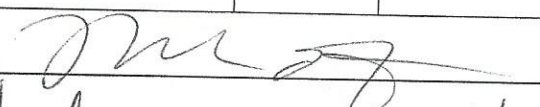
Date

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: Rosalie de Aquino

CCFFH Address: 87-150 Lualei Place, Waianae, HI 96792

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
7.1(a)(1) (2)	Showed CTA current APS/CAN and fingerprints for SCG#2 on the day of my recertification	11/19/18	I placed the expiration dates for APS/CAN and fingerprints for all CG's on my cell phone calendar with the reminder set one month prior to expiration.

Primary Caregiver's Signature: 

Print Name: Rosalie de Aquino

Date of Signature: 11/19/18